

PRO SE CORPORATION
PRO SE GOVT.
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

DEFAULT JUDGEMENT
WHISTLEBLOWER

Robert W. Johnson, Plaintiff(s)
vs.
Rodeway Inn Syracuse, et al., Defendant(s)

Civil Case No.: 5:22-cv-396
(TJM/ATB)
CIVIL
RIGHTS
COMPLAINT
PURSUANT TO
42 U.S.C. § 1983

Plaintiff(s) demand(s) a trial by: ☒ JURY ☐ COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

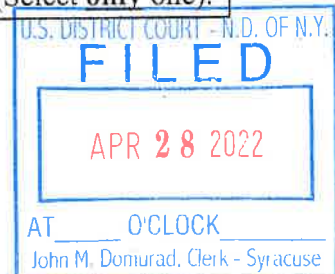
- This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.

PARTIES

- Plaintiff: Robert W. Johnson
Address: 112 COURT ST. APT. 2
Watertown, NY 13601

Additional Plaintiffs may be added on a separate sheet of paper.

- a. Defendant: Rodeway Inn Syracuse
Official Position: Pro Se Corporation
Address: 6578 Thompson Rd.
Syracuse, NY 13206
315-463-8555



b. Defendant:

Official Position:

Address:

Choice Hotels International/ Inc.

Pro Se Corporation

One Choice Hotels Circle ;
Rockville, MD 20850 ;
301-592-5000

c. Defendant:

Official Position:

Address:

Jefferson County Dept. of Social Services

Pro Se Government

250 Arsenal St. ;
Watertown, NY 13601

Additional Defendants may be added on a separate sheet of paper.

4.

FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

On 04/07/2022 M. Burns, Jefferson County Department of Social Services, Commissioner Teresa Gaffney, Deborah Labadini, The Workplace, Tracy Eveleigh, Kathy Hochul, Robert J. Rodriguez & Georgeann Stevenson authorized an action for Robert W. Johnson

- d. Commissioner Teresa Gaffney :
Pro Se Govt. Employee : 250 Arsenal St. :
Watertown, NY 13601.
- e. Deborah Labadini : Pro Se Govt. Employee :
250 Arsenal St. : Watertown, NY 13601.
- f. The Work Place : Pro Se Govt. Agency :
250 Arsenal St. : Watertown, NY 13601.
- g. Tracy Eveleigh : Pro Se Govt. Employee :
250 Arsenal St. : Watertown, NY 13601.
- h. M. Burns : Pro Se Govt. Employee :
250 Arsenal St. : Watertown, NY 13601.
- i. Michael Robinson : Pro Se Corporation
Employee : One Choice Hotels Circle :
Rockville, MD 20850.
- j. Kathy Hochul : State Capital : Albany, NY 12224.
- k. Robert J. Rodriguez : State Capital : Albany, NY 12224.
- l. Georgeann Stevenson : One Commerce Plaza : 99 Washington Ave. :
Albany, NY 12231-0001.

Robert W. Johnson

112 Court St.

Apt. 2

Watertown, NY 13601

4.

FACTS

to receive assistance to meet an immediate need or a special allowance specifying that the above-said can assist with emergency housing if Robert W. Johnson finds a facility that will accept Robert W. Johnson and agency payment. On 04/26/2022 Robert W. Johnson was denied housing/shelter services by Rodeway Inn Syracuse, Choice Hotels Corporation & Michael Robinson and no valid reasons were given after Robert W. Johnson presented the documents to receive housing/shelter services.

5.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

M. Burns, Jefferson County Department of Social Services, Commissioner Teresa Gaffney, Deborah Labadini, The Workplace, Tracy Eveleigh, Kathy Hochul, Robert J. Rodriguez & Georgeann Stevenson breached all contracts and responsibilities.

SECOND CAUSE OF ACTION

Rodeway Inn Syracuse, Choice Hotels Corporation & Michael Robinson denied Robert W. Johnson housing / shelter with no valid reasons after Plaintiff submitted government records for payments.

THIRD CAUSE OF ACTION

Robert W. Johnson was discriminated against by all defendants and denied Due Process Rights with no policy supported documents.

6. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

\$100,000,000.00 for punitive damages : 100%.
Ownership of Rodeway Inn Syracuse, Choice
Hotels Corporation: & all other reliefs just and proper.

I declare under penalty of perjury that the foregoing is true and correct.

DATED:

04/27/2022

Robert W. Johnson
Robert W. Johnson
Signature of Plaintiff(s)
(all Plaintiffs must sign)

02/2010

Grey Area for Agency
Use Only

1. SHELTER DESCRIPTION

Violations on
Property?☐ Yes ☐ No

If yes, check one:

☐ Stop Rent☐ Unfit

Tenant Name: _____

Address: Street: _____ Apt: _____

City: _____ County: _____ ZIP: _____

Dwelling Type: ☐ SHA Public Housing ☐ Facility and # of Bedrooms: _____☐ Apartment ☐ House ☐ Trailer ☐ Hotel/Motel Room ☐ Other: _____☐ Room & Board (meals included) ☐ Commercial Rooming House - Are meals included? ☐ Y ☐ N☐ Room in private home (no meals) - Is any part of rent used by landlord for heat/utilities? ☐ Y ☐ N☐ New Move
☐ Add Individu
☐ Rent Increase
☐ Other:"Reference Icon"
checked for Street
listing?☐ Yes ☐ No☐ Tenant of
Record Verified
Name::☐ WMS Clearance
checked For all NTA
HH members.Contribution
Statement needed?☐ Yes ☐ No

2. PERSONS RESIDING AT ABOVE ADDRESS/HOUSEHOLD COMPOSITION

Date Tenant Moved In or Will Move In: _____

Name(s) of Persons(s) Responsible for Paying Rent: _____

Name(s) of Any Other Person(s) Paying Rent: _____

List All Persons Living at this Address:

Total Number of Persons: _____

Names:

Relationship to Tenant:

Date Moved In:

Use back side if more space is needed to list household members.

Is the landlord related to anyone listed above? ☐ Yes ☐ No Relationship: _____Does the landlord live in the same apartment/rental unit as the tenant? ☐ Yes ☐ NoWas a Cash Security Deposit paid by the tenant? ☐ Yes ☐ No If Yes, Amount Paid: _____Are you requesting a DSS Security Deposit Agreement? ☐ Yes ☐ No For more information see ..Renting to a TA Client at: <http://www.ongov.net/dss/temporaryassistance.html>☐ Fuel Type Verified

Fuel Vendor Name:

Customer of Service:

Heat/Utility Acct. #:

Owner verified through
ONGOV.net

Owner name:

3. SHELTER EXPENSES

Amount of total monthly rent: \$ _____

Is Rent Subsidized? ☐ Yes ☐ No

Subsidy Amt: \$ _____

Tenant's Share: \$ _____

Is rent paid up-to-date? ☐ Yes ☐ NoIf no, for what month(s) does
the tenant owe? _____

Amount of rent owed: \$ _____

This is for informational purposes only. DSS does not
guarantee money owed for back rent.Landlord requires tenant agree to rent voucher up to maximum grant ☐Check which of the following are included in the rent:☐ Heat ☐ Air Conditioning ☐ Stove ☐ Refrigerator ☐ Water/Sewer ☐ Electricity☐ Cooking Fuel ☐ Garbage Collection ☐ Hot Water ☐ Furniture ☐ Other: _____If heat is not included in the rent, check the fuel type used and indicate the vendor: ☐ Oil☐ Natural Gas ☐ Kerosene ☐ Wood ☐ Electricity ☐ Propane ☐ Coal Vendor: _____If non-heating utilities are not included in the rent, indicate the type of utilities and the vendor:☐ Electricity: _____ ☐ Cooking Gas: _____ ☐ Water: _____Does the tenant pay you an amount, separate from the rent, for: heat? ☐ Y ☐ N Amount: \$ _____Other non-heating utilities? Amount: \$ _____ Water? ☐ Y ☐ N Amount: \$ _____Does anyone from outside of the household pay all or any part of the rent, fuel or utilities? ☐ Y ☐ N

If yes, please explain: _____

Does anyone perform any services for you for which he/she receives a lower rent? ☐ Y ☐ N

Collateral Contact

Date: _____

Worker name:

Case #:

4. LANDLORD/OWNER

If anyone other than the Property Owner, you **MUST** supply a copy of the Management Agreement, LLC, Trust or other authorizing
paperwork outlining who is authorized to sign and receive rents. The LL Statement will not be processed without this information.

Landlord Name (Please print): _____ Day Phone #: _____

Address: _____

Vendor ID: _____ For tax purposes a W-9 faxed to #435-3590 is required to obtain a Vendor #.

Owner of Property (If different from above): _____

Address: _____ Day Phone #: _____

Signature of Landlord: _____ Date: _____

NOTICE DATE 04/07/2022		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER	CIN NUMBER	JEFFERSON COUNTY DSS HUMAN SERVICES BLDG 250 ARSENAL ST STE 2 WATERTOWN, NY 13601	
P138940	CR05904Q		
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	
JOHNSON ROBERT 112 COURT STREET APT 2 WATERTOWN NY 13601		(315) 785-3000	
		OR Agency Conference	
		Fair Hearing Information and Assistance	
		Record Access	
		Legal Assistance Information	
		(315) 785-3000	
		(315) 785-3000	
		(315) 785-3000	
		(877) 777-6152	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME
	TM2	59	M. BURNS
			TELEPHONE NO.
			(315) 785-3298

1

On 04/07/2022 you asked for help with:

☐ A special need of: _____

☒ An immediate need of: ASSISTANCE WITH HOMELESSNESS

☒ We will help you by:

☒ Meeting your need in the following way: AGENCY CAN ASSIST WITH EMERGENCY HOUSING IF YOU FIND A FACILITY THAT WILL ACCEPT YOU AND AGENCY PAYMENT.

☐ Doing the following, since this is not a need of yours that must be met today: _____

☐ If this box is checked, you are responsible for repaying _____ as shown:

☐ This amount must be repaid to us in accordance with the agreement to repay which you signed on _____

☐ You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay.

☐ We cannot help you because: _____

The LAW(S) AND/OR REGULATION(S) which allows us to do this is 358.1

☐ This is a follow-up to our notice to you dated: _____

2

On _____ you asked for help with:

☐ A special need of: _____

☐ An immediate need of: _____

☐ We will help you by:

☐ Meeting your need in the following way: _____

☐ Doing the following, since this is not a need of yours that must be met today: _____

☐ If this box is checked, you are responsible for repaying _____ as shown:

☐ This amount must be repaid to us in accordance with the agreement to repay which you signed on _____

☐ You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay.

☐ We cannot help you because: _____

The LAW(S) AND/OR REGULATION(S) which allows us to do this is _____

☐ This is a follow-up to our notice to you dated: _____

3

On _____ you asked for help with:

☐ A special need of: _____

☐ An immediate need of: _____

☐ We will help you by:

☐ Meeting your need in the following way: _____

☐ Doing the following, since this is not a need of yours that must be met today: _____

☐ If this box is checked, you are responsible for repaying _____ as shown:

☐ This amount must be repaid to us in accordance with the agreement to repay which you signed on _____

☐ You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay.

☐ We cannot help you because: _____

The LAW(S) AND/OR REGULATION(S) which allows us to do this is _____

☐ This is a follow-up to our notice to you dated: _____

Note: If you are being approved for a special allowance to meet expenses (such as transportation) necessary to attend education or training programs, this allowance may vary based on your actual attendance in the program. If you do not meet a satisfactory attendance standard or make satisfactory progress in the program, this allowance may be withheld. If your allowance changes, you will get a separate notice telling you this and explaining why.

Public Assistance – If you are also applying for public assistance, you will also get a separate notice from us telling you of the decision on your application. If you are getting public assistance and your request for more help is denied, your ongoing public assistance case will not be affected.

Supplemental Nutrition Assistance Program (SNAP) – If you get assistance, your household's SNAP benefits may change. If your benefits are changed, you will get a separate notice telling you this and explaining why.

MEDICAL ASSISTANCE

☐ If you need help with your medical bills, you must apply separately for medical assistance. If you want more information about eligibility for medical assistance, call the phone number listed above.

☒ Your medical assistance coverage stays the same.

☐ Your application for medical assistance is being reviewed. We will send you our decision within 30 days.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

Enclosure YOU HAVE THE RIGHT TO APPEAL THIS DECISION - BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

DISTRIBUTION: White -CLIENT/FAIR HEARING COPY Yellow - CLIENT COPY Pink - AGENCY COPY

LDSS-4002 (Rev. 5/16)

NAME: JOHNSON ROBERT	ADDRESS: JOHNSON ROBERT 112 COURT STREET APT 2 WATERTOWN NY 13601	CASE NUMBER: P138940
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CONFERENCE AND FAIR HEARING SECTION - DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the front of this notice or write to us at the address on the front of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
2. **STATE FAIR HEARING** - You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you must repay Public Assistance because you signed a repayment agreement, or because the shelter arrears that DSS agreed to pay is more than the DSS shelter maximum, and if you do not agree that you must repay or you do not agree with the amount DSS says you must repay, you must call for a fair hearing. If you do not call for a fair hearing, you cannot claim in the future that any agency's decision that you owe the debt was wrong. The time limit for calling for a fair hearing on the issue of the repayment is the same as the limit for any Public Assistance action this notice is telling you about, 60 days.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by mail, by phone, by fax or online.

Mail: Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- ☐ I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL).

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING:

The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the front of this notice or write to us at the address on the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.